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DUNLAP, CODDING & ROGERS, P.C.

PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/601,166
Filing Date	06/20/2003
First Named Inventor	Donald E. Weder
Group Art Unit	3644 (Conf. No. 7637)
Examiner Name	F. Palo

Total Number of Pages in This Submission	
Attorney Docket Number	8403.888

ENCLOSURES   *(check all that apply)*

[X] Fee Transmittal Form	[ ] Assignment Papers *(for an Application)*	[X] After Allowance Communication to Group
[ ] Fee Attached	[ ] Drawing(s)	[ ] Appeal Communication to Board of Appeals and Interferences
[X] Amendment / Reply	[ ] Licensing-related Papers	[ ] Appeal Communication to Group *(Appeal Notice, Brief, Reply Brief)*
[ ] After Final	[ ] Petition	[ ] Proprietary Information
[ ] Affidavits/declaration(s)	[ ] Petition to Convert to a Provisional Application	[ ] Status Letter
[ ] Extension of Time Request	[ ] Power of Attorney, Revocation Change of Correspondence Address	[X] Other Enclosure(s) *(please identify below):*
[ ] Express Abandonment Request	[ ] Terminal Disclaimer	See remarks below:
[ ] Information Disclosure Statement	[ ] Request for Refund	
[ ] Certified Copy of Priority Document(s)	[ ] CD, Number of CD(s) _____	
[ ] Response to Missing Parts/ Incomplete Application	**Remarks**	
[ ] Response to Missing Parts under 37 CFR 1.52 or 1.53	1. Transmittal Form (1 page); 2. Fee Transmittal (1 page) authorizing withdrawal from Deposit Account should any fees be required; 3. Patent Application Fee Determination Record (1 page); 4. Amendment under 37 CFR 1.312 (8 pages); 5. Return Receipt Postcard.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	DUNLAP, CODDING & ROGERS, P.C., Customer Number 30589 P. O. Box 16370, Oklahoma City, Oklahoma 73113; Christopher W. Corbett
Signature	
Date	5/24/04

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail or U.S. Express mail no. EL964150529US   in an envelope addressed to the address below on this date: | 05/24/2004 |

Typed or printed name	Christopher W. Corbett / Reg. No. 36,109
Signature	Date 5/24/04

SEND TO: MS Issue Fee / Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Date Deposited: 05/24/2004

FEE TRANSMITTAL
for FY 2004
Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	($) 0

Complete if Known	
Application Number	10/601.166
Filing Date	06/20/2003
First Named Inventor	Donald E. Weder
Examiner Name	F. Palo
Art Unit	3644
Attorney Docket No.	8403.888

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number: 04-1700
Deposit Account Name: Dunlap, Codding & Rogers, P.C. Customer No. 30589

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, **except for the filing feether**
to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	($)	Small Entity Fee Code	($)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) ($) 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fee from below	Fee Paid
Total Claims		** =	X	$0
Independent Claims		** =	X	$0
Multiple Dependent				$0

Large Entity Fee Code	($)	Small Entity Fee Code	($)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) ($) 0

*or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Fee ($)	Small Entity Fee Code	Fee ($)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for *ex parte* reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) ($) 0

SUBMITTED BY

Name (Print/Type)	Christopher W. Corbett	Registration No. (Attorney/Agent)	36,109	Telephone	(405) 607-8600
Signature				Date	05/24/2004

(Complete *if applicable*)

Mail Stop Issue Fee
Commissioner for Patents
PO Box 1450, Alexandria, VA 22313-1450

EL964150529US
05/24/2004

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number
10/601,166

CLAIMS AS FILED - PART I

FOR	NUMBER FILED (Column 1)	NUMBER EXTRA (Column 2)	SMALL ENTITY RATE	SMALL ENTITY FEE	OR	OTHER THAN SMALL ENTITY RATE	OTHER THAN SMALL ENTITY FEE
BASIC FEE (37 CFR 1.16(a))				$ 0	OR		$ 0
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	* 0	x $9 =	0	OR	x $18 =	0
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	* 0	x 43 =	0	OR	x 86 =	0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		0	+ 140 =	0	OR	+ 280 =	0
* If the difference in column 1 is less then zero, enter "0" in column 2			TOTAL	0	OR	TOTAL	0

CLAIMS AS AMENDED - PART II

AMENDMENT A

	CLAIMS REMAINING AFTER AMENDMENT (Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)	SMALL ENTITY RATE	SMALL ENTITY ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	OTHER THAN SMALL ENTITY ADDITIONAL FEE
Total (37 CFR 1.16(c))	* 18	Minus	** 20	= 0	x $9 =	0	OR	x $18 =	0
Independent (37 CFR 1.16(b))	* 4	Minus	*** 4	= 0	x 43 =	0	OR	x 86 =	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 140 =	0	OR	+ 280 =	0
					TOTAL ADDIT. FEE	0	OR	TOTAL ADDIT. FEE	0

AMENDMENT B

	CLAIMS REMAINING AFTER AMENDMENT (Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	*	Minus	**	=	x $9 =	0	OR	x $18 =	0
Independent (37 CFR 1.16(b))	*	Minus	***	=	x 43 =	0	OR	x 86 =	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 140 =	0	OR	+ 280 =	0
					TOTAL ADDIT. FEE	0	OR	TOTAL ADDIT. FEE	0

AMENDMENT C

	CLAIMS REMAINING AFTER AMENDMENT (Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	*	Minus	**	=	x $9 =	0	OR	x $18 =	0
Independent (37 CFR 1.16(b))	*	Minus	***	=	x 43 =	0	OR	x 86 =	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 140 =	0	OR	+ 280 =	0
					TOTAL ADDIT. FEE	0	OR	TOTAL ADDIT. FEE	0

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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